

Online Supplementary File 2: Survey (English)

Injury prevalence and characteristics among tennis coaches in the Netherlands: a cross-sectional survey

GENERAL AND TENNIS-RELATED INFORMATION

1. What is your gender?
 - a. Male
 - b. Female
 - c. Prefer not to say

2. What is your age?
 - a. _____ (OPEN ANSWER)

3. What is your height?
(in meters, if you are 1 meter 85, enter 1.85)
 - a. _____

4. What is your weight (in kilograms)?
 - a. _____

5. Which tennis instructor licence do you hold?
 - a. A-licence
 - b. B-licence
 - c. C-licence
 - d. T-licence
 - e. None

6. How many years have you been teaching tennis?
 - a. 1 year or less
 - b. 2 to 3 years
 - c. 4 to 5 years
 - d. 6 to 7 years
 - e. 8 to 10 years
 - f. 11 to 15 years
 - g. 16 to 20 years
 - h. 21 to 25 years old
 - i. 26 to 30 years
 - j. 31 to 35 years old
 - k. More than 35 years

7. How many hours a week do you normally teach tennis in summer (on average)?
 - a. I do not teach tennis in summer
 - b. Less than 5 hours
 - c. 5 to 10 hours

- d. 11 to 15 hours
 - e. 16 to 20 hours
 - f. 21 to 25 hours
 - g. 26 to 30 hours
 - h. More than 30 hours
8. And how many hours a week do you normally teach tennis in winter (on average)?
- a. I do not teach tennis in winter
 - b. Less than 5 hours
 - c. 5 to 10 hours
 - d. 11 to 15 hours
 - e. 16 to 20 hours
 - f. 21 to 25 hours
 - g. 26 to 30 hours
 - h. More than 30 hours
9. On which type of court(s) do you teach in summer? (*Multiple answers possible*)
- a. Clay
 - b. Artificial Clay (e.g., Gravel Plus)
 - c. Artificial grass
 - d. Sand-filled artificial grass red (e.g. Smash Court)
 - e. French Court
 - f. Hard court/concrete
 - g. Canada Tennis / Tennis green
 - h. Carpet or other indoor surface
 - i. Other, please specify: _____
10. On which type of court(s) do you teach in winter? (*Multiple answers possible*)
- a. Clay
 - b. Artificial Clay (e.g., Gravel Plus)
 - c. Artificial grass
 - d. Sand artificial grass red (e.g. Smash Court)
 - e. French Court
 - f. Hard court/concrete
 - g. Canada Tennis/tennis green
 - h. Carpet or other type of indoor court
 - i. Other, please specify: _____
11. In addition to teaching tennis, do you also play tennis yourself?
- a. Not or hardly
 - b. Several times a year
 - c. Monthly
 - d. Weekly
 - e. Several times a week
12. What is your dominant arm in tennis?
- a. Right-handed
 - b. Left-handed

- c. Other, please specify: _____
13. In addition to tennis, do you practice any other sport(s)? If so, how many hours per week?
- a. _____
14. In addition to teaching tennis, do you have another job, and how easy is it to combine this with teaching?
- a. No, I do not have another job
- b. Yes, always easy to combine
- c. Yes, often easy to combine
- d. Yes, sometimes easy, sometimes difficult
- e. Yes, difficult to combine
15. Do you smoke?
- a. Yes
- b. No, but I smoked in the past
- c. No, never
- d. Prefer not to say
16. Do you consume alcohol? If yes, please estimate the number of units per week.
- a. _____

INJURIES AND/OR HEALTH PROBLEMS

17. In the past two years, have you experienced any illness or health problems that prevented you from teaching and/or required you to consult a doctor? Please indicate all factors that played a role. **Note:** We are not referring here to any injuries; these will be addressed later.
- a. Yes, please specify: _____
18. Did you consult a healthcare professional for these health problems? If so, which one(s)?
Multiple answers are possible
- a. Physiotherapist
- b. General practitioner (GP)
- c. Emergency care
- d. Medical specialist (e.g., orthopaedic surgeon, cardiologist)
- e. Sports physician
- f. Alternative practitioner (e.g., homeopath, acupuncturist, magnetiser)
- g. Other, please specify: _____
19. In the past two years, have you suffered from one or more injuries that prevented you from teaching and/or required medical attention?
- a. Yes, one injury
- b. Yes, multiple injuries
- c. no

→ If one injury

20. Was this injury caused by teaching or by another cause?

- a. Caused by teaching
- b. Another cause
- c. I do not know
- d. Other, please specify: _____

→ **If multiple injuries**

21. Were these injuries caused by teaching or by another cause?

- a. Caused by teaching
- b. Another cause
- c. I do not know
- d. Other, please specify: _____

→ **For one and/or more injuries**

22. Where was/were your main injury or injuries located in the past two years?

Multiple answers are possible

- a. Head/face
- b. Neck/throat
- c. Shoulder (including clavicle)
- d. Upper arm
- e. Elbow
- f. Forearm
- g. Wrist
- h. Hand/fingers
- i. Chest/ribs (including organs)
- j. Abdomen (including organs)
- k. Upper back
- l. Lower back
- m. Pelvis/buttocks
- n. Hip
- o. Groin
- p. Upper leg/hamstrings
- q. Knee
- r. Lower leg
- s. Achilles tendon
- t. Ankle
- u. Foot/toe
- v. Other, please specify: _____

23. You indicated that in the past 2 years you have experienced (or have had) injury-related complaints from your (injury name). Could you indicate what type of injury this was? If you are unsure about the exact type of injury, please select the option that you believe fits best.

- a. Bone fracture
- b. Bone bruise
- c. Joint dislocation (luxation)
- d. Ligament strain or tear

- e. Joint inflammation
- f. Muscle strain or tear
- g. Tendon tear
- h. Tendon overuse injury
- i. Skin wound or laceration
- j. Concussion
- k. Nerve injury (compression/neurological deficit)
- l. Eye injury
- m. Internal organ injury (heart/liver/kidneys/spleen/intestines/urinary tract)
- n. Dental injury
- o. Other, please specify: _____

24. How did the injury or injuries occur?

Multiple answers are possible

- a. Overuse
- b. Gradual onset
- c. Acute onset
- d. Other, please specify: _____

25. Did you consult a healthcare professional for this injury? If so, which one(s)?

Multiple answers are possible

- a. Physiotherapist
- b. General practitioner (GP)
- c. Emergency care
- d. Medical specialist e.g., (orthopaedic surgeon, cardiologist)
- e. Sports physician
- f. Alternative practitioner (e.g., homeopath, acupuncturist, magnetiser)
- g. Other, please specify: _____
- h. No, I treated it myself

➔ **If treated yourself**

26. How did you treat the injury yourself?

- a. _____

➔ **Continuation**

27. How often have you visited a physiotherapist in the past 6 months?

- a. Not at all
- b. Once
- c. Twice (once every 3 months)
- d. Monthly
- e. Weekly
- f. Several times a week
- g. Other, please specify: _____

28. Was this for an injury or a health problem?

- a. Injury

- b. Health problem / illness
 - c. Both
 - d. Other, please specify: _____
29. How often have you consulted your general practitioner in the past 6 months, including telephone consultations or home visits?
- a. Not at all
 - b. Once
 - c. Twice
 - d. Monthly
 - e. Weekly
 - f. Several times a week
 - g. Other, please specify: _____
30. Was this for an injury or a health problem?
- a. Injury
 - b. Health problem / illness
 - c. Both
 - d. Other, please specify: _____
31. How often have you visited the emergency department in the past 6 months?
- a. Not at all
 - b. Once
 - c. Twice (once every 3 months)
 - d. Monthly
 - e. Weekly
 - f. Several times a week
 - g. Other, please specify: _____
32. Was this for an injury or a health problem?
- a. Injury
 - b. Health / illness
 - c. Both
 - d. Other, please specify: _____
33. Which medical specialist(s) have you visited in the past 6 months?
Multiple answers are possible
- a. Sports physician
 - b. Orthopaedic surgeon
 - c. Pulmonologist
 - d. Cardiologist
 - e. Surgeon
 - f. Internist
 - g. Neurologist
 - h. Dermatologist
 - i. Other, please specify: _____
34. How often did you visit a medical specialist in the past 6 months?

- a. Not at all
- b. Once
- c. Twice (once every 3 months)
- d. Monthly
- e. Weekly

35. Was this for an injury or a health problem?

- a. Injury
- b. Health problem / illness
- c. Both
- d. Other, please specify: _____

36. Have you been hospitalized?

- a. No
- b. Yes, day treatment
- c. Yes, for several days
- d. Other, please specify: _____

37. How often have you visited an alternative practitioner in the past 6 months?

- a. Not at all
- b. Once
- c. Twice
- d. Monthly
- e. Weekly
- f. Several times a week

38. Was this for an injury or a health problem?

- a. Injury
- b. Health problem / illness
- c. Both
- d. Other, please specify: _____

39. Do you use pain medication while teaching tennis?

- a. Never
- b. Sometimes
- c. Regularly
- d. Always

40. Which statement best describes your situation in the past six months?

- a. I can teach and play tennis normally without injuries or health problems
- b. I can teach and play normally but with some health or injury-related problems
- c. I can teach and play only in a reduced or adapted way because of injuries or health problems
- d. I cannot teach or play tennis due to health or injury problems

SPORTS MEDICAL EXAMINATION

A sports medical examination is conducted by a (sports) physician to assess your health and provide advice on safe sports participation, reducing the risk of injuries and health problems.

A basic sports medical examination typically includes a health questionnaire, measurements of height, weight, and body fat percentage, an eye test, lung function testing, a general physical examination (heart and lungs), and assessment of joints.

An extensive sports medical examination includes all basic components, plus additional tests such as blood analysis, a resting ECG, and a maximal exercise test (cycling or treadmill) with blood pressure measurement, ECG monitoring, and optional respiratory gas analysis.

See for example: <https://www.geldersevallei.nl/sports-valley/sporters/Onderzoeken/sportmedische-onderzoeken>

41. Do you feel you need a basic or extensive sports medical examination?

- a. Yes, a basic examination
- b. Yes, an extensive examination
- c. No

42. What do you think a sports medical examination should cost?

- a. _____

43. Would you like to undergo a sports medical examination annually

- a. Yes
- b. No
- c. Maybe, depending on cost/time/other factors

44. What should be included in a sports medical examination?

Multiple answers possible

- a. Health questionnaire
- b. Consultation with a physician
- c. Body composition measurements (height, weight, fat percentage)
- d. Heart and lung examination
- e. Assessment of joints, muscles and tendons
- f. Lung function test
- g. Resting ECG
- h. Eye test
- i. Blood analysis
- j. Exercise test (treadmill or bicycle)
- k. ECG during exercise
- l. Fitness testing (VO₂max) and thresholds
- m. Other, please specify: _____

45. Are you additionally insured for a sports medical examination?

- a. Yes
- b. No
- c. I do not know

46. Are you additionally insured for physiotherapy?

- a. Yes
- b. No
- c. I do not know

SLEEP AND MENTAL HEALTH

47. Do you experience any of the following sleep-related complaints?

Multiple answers possible

- a. Difficulty falling asleep
- b. Difficulty staying asleep
- c. Waking up too early
- d. Daytime sleepiness
- e. Restless legs
- f. Snoring
- g. Breathing pauses during sleep
- h. Unwanted behaviours or experiences (e.g., nightmares, sleepwalking)
- i. Other, please specify: _____
- j. None

48. How much difficulty do you have falling asleep?

- a. None
- b. Mild
- c. Moderate
- d. Severe
- e. Very severe

49. How much difficulty do you have staying asleep

- a. None
- b. Mild
- c. Moderate
- d. Severe
- e. Very severe

50. How much difficulty do you have waking up too early?

- a. None
- b. Mild
- c. Moderate
- d. Severe
- e. Very severe

51. How satisfied are you with your current sleeping pattern?

- a. Very satisfied
- b. Satisfied
- c. Neutral
- d. Dissatisfied

- e. Very dissatisfied
52. To what extent do sleep problems affect your daily functioning (e.g. fatigue, concentration, memory and mood)
- a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Strongly
 - e. Very strongly
53. How noticeable are the consequences of your sleep problems to others?
- a. Not noticeable
 - b. Slightly noticeable
 - c. Moderately noticeable
 - d. Very noticeable
 - e. Extremely noticeable
54. How concerned are you about your sleep problems?
- a. Not concerned
 - b. Slightly concerned
 - c. Moderately concerned
 - d. Very concerned
 - e. Extremely concerned
55. Do you feel you need further diagnostics or support for sleep-related issues?
- a. Yes
 - b. No
 - c. I do not know
56. In the past year, have you experienced any of the following psychological complaints for at least one month (multiple answers possible)?
- a. Anxiety
 - b. Sadness
 - c. Excessive worrying
 - d. Persistent stress or tension
 - e. Restlessness
 - f. Loss of interest or pleasure
 - g. Other, please specify: _____
 - h. None
57. Have you received psychological support in the past year? Examples include support from a coach, general practitioner, social worker, psychologist, or psychiatrist.
- a. Yes
 - b. No
 - c. Prefer not to say

→ If yes

58. From who did you receive support?

- a. Coach
- b. GP
- c. Social worker
- d. Psychologist
- e. Psychiatrist
- f. Other, please specify: _____

➔ **Continuation**

59. What do you do yourself regarding prevention, lifestyle, and recovery? Multiple answers possible

- a. I attend lectures, webinars, or podcasts
- b. I read about prevention and lifestyle
- c. Core stability training
- d. Lower-body strengthening exercises
- e. Upper-body strengthening exercises
- f. I try to pay attention to healthy nutrition
- g. I follow nutritional advice from a dietitian
- h. I maintain a healthy lifestyle
- i. Every now and then I visit a sports massage therapist
- j. I undergo a sports medical examination once a year to assess my health
- k. I make sure I visit the dentist once a year for a check-up
- l. Other, please specify: _____
- m. None

60. Do you use online tools, health apps, or wearables? If so, which ones?

- a. Fitbit
- b. Whoop
- c. Garmin
- d. Polar
- e. "Healthy Together"
- f. Apple Health
- g. "My Foodtracker"
- h. "Max Memory trainer"
- i. Other, please specify: _____
- j. I do not use apps or wearables

WORKING CONDITIONS

61. What is your main type of employment?

- a. Self-employed
- b. Employed
- c. Owner of a tennis school

➔ **If self-employed**

62. Have you ever had a conflict regarding unpaid invoices?
- Yes
 - No
63. Have you experienced a conflict regarding an unfulfilled contract with an association?
- Yes
 - No
64. Have you had a conflict with a tennis student regarding lesson quality?
- Yes
 - No
65. The above issues can cause considerable stress. Legal expenses insurance may help reduce this stress by handling the legal aspects of such conflicts on your behalf. Do you have legal expenses insurance to cover such conflicts?
- Yes
 - No

→ If employed

66. Have you ever had a conflict regarding the number of teaching hours?
- Yes
 - No
67. Have you experienced a conflict regarding unpaid salary?
- Yes
 - No
68. Have you had a conflict regarding mandatory leave (e.g. club closure due to COVID-19)
- Yes
 - No
69. The above issues can cause considerable stress. Legal expenses insurance may help reduce this stress by handling the legal aspects of such conflicts on your behalf. Do you have legal expenses insurance to cover such conflicts?
- Yes
 - No

END OF SURVEY